

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/069915

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | 51 | | | | | | |
| 3 | | | | | | | 52 | | | | | | |
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| 38 | | | | | | | 87 | | | | | | |
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| 48 | | | | | | | 97 | | | | | | |
| 49 | | | | | | | 98 | | | | | | |
| 50 | | | | | | | 99 | | | | | | |
| TOTAL IND. | | | | | | | 100 | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL DEP. | | | | | | |
| | | | | | | | TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

Barbara Campbell
National Stage Processing
(703) 305-3831

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